

Nationwide Retirement Solutions Payroll Authorization Form

(Please complete and submit to Human Resources-Benefits)

I. Personal Information

_____-_____-_____
Social Security Number Date of Birth

Name

Address

Additional Address

City State Zip Code

Department

Work Phone

Participant's Signature

Date

DC-4621-0312
NRL-0234A01

One Copy-Benefits

One Copy-Participant

II. Plan Information

Plan Type: ☐ 457(b) ☐ 401(a) ☐ IRA Product
(Check only ONE plan type. If you have several plan types, then you must submit a payroll authorization card for each plan type.)

Action: ☐ Initial ☐ Increase ☐ Decrease ☐ Cancel

	OLD	NEW
Pre-tax contribution	\$ _____	\$ _____
Roth contribution (457(b) Plan Only)	\$ _____	\$ _____

*You may make both pre-tax and Roth contributions.

Frequency: ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Catch Up Provided Utilized: ☐ Yes, 3 year ☐ Yes, Age 50+ ☐ No

Normal retirement age: _____

Payroll deduction to begin on _____
Date

I authorize my employer to reduce my salary by the above amount for credit to my account with my employer's Deferred Compensation Plan. This reduction will begin on the pay period specific above, but no sooner than is permitted by law or than is administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.